**General PrEP Intake Template**

**Thank the patient for coming in; say I’m glad you found us; it’s great you are doing something proactive about your health, etc.**

**Pt. ID:**

**Referral source:**

**Subjective:**

* **I try to gather why the pt. is interested in PrEP?**
* **What do they know about PrEP so far? (fill in any gaps)**
* **Have they taken a daily pill before?**
* **How do they think taking a daily pill will be for them?**
* **Are there any daily routines you can tie PrEP to?**
* **Facillitators/barriers? (i.e. is there anything in your life that could make PrEP easier for you to take, more difficult?)**
* **Discuss current research around PrEP—from our understanding, it works if you take it.**
* **Review that adherence is strongly tied to efficacy**
* **Review that it takes 7 days daily dosing to achieve protection in men (i.e. 7 days to steady state in rectum, 21 days in vaginal tissue)**
* **PrEP works if you take it for HIV, will not protect against other STI’s; important to test regularly for STI’s, tx prn, pt. may drop in at any time between visits if they are symptomatic or feel the need for testing, etc.**
* **Review common AE’s and SE’s: i.e. side effects tend to be mild, seen in about 10% in research, usually pass in a few days to weeks (start-up syndrome)—thinks like HA, fatigue, stomach upset, nausea)**
* **AE-s—the 2 I mention are kidney function—only 2% had a drop in Creatinine in research, below normal range—no clinical problems; reversed after they stopped taking PrEP, some rechallenged with no problem. We will monitor kidney function closely and alert if any problems.**
* **BMD loss--<1% loss of BMD observed; no clinical problems; at least partially reversible when meds are stopped—review lifestyle rec’s for healthy bones.**
* **Any questions around PrEP? (answer)**
* **Recent sexual history**
* **Most recent condomless sexual encounter: (i.e., do they need PEP?)**
* **Next most recent condomless sexual encounter:**
* **STI hx: including last test and place of tx if necessary**
* **Last HIV test:**
* **Any recent flu like symptoms?**
* **Anything suggesting symptoms of STI (i.e. dysuria, rash, lymphadenopathy, discharge, etc.)**
* **PMH—brief**
* **Do they have a PCP?**
* **Psych hx: (brief—any hx of anxiety or depression)**
* **Allergies:**
* **Meds currently taking:**
* **Health Related Behaviors**

This next set of questions are not as pertinent to PrEP; but I think it is good to have them down in order to know something about the pt. and what is important to them—to pick up on later and develop a relationship of trust; I may throw these questions and other similar ones in anywhere they fit organically best during the conversation—sometimes start with them rather than launching into sexual hx)

* **Home:** Where do they live, safe at home, etc.?
* **Education/Employment:** What do they do; how do they like it?
* **Activities/Hobbies:** What kind of things do you like to do for fun?
* **Goals for future:**

**ROS: Brief, targeted**

**Focused PE: Gen:**

**HEENT:**

**GU:**

**Skin (general)**

**Neuro: (general, i.e. grossly intact)**

**Plan: i.e. Rx: Truvada, one pill qd for HIV prevention**

**Pt Ed: Reviewed common AE’s, SE’s; efficacy strongly tied to adherence, strategies to maximize adherence, PrEP takes 7 days to reach steady state in rectal mucosa (21 for vaginal) (i.e. used as a proxy for efficacy); most important to take a pill every day, but should not double up, a little forgiveness for occasional missed doses (i.e. research shows efficacy for anything over 4x /week, but best is to shoot for daily habit), PrEP will not protect against other STI’s, so routine testing is important, etc.**